

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**HASTINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mrs. LALE MORRISON**

Mailing Address 1526 17 TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement  
REIMB.FOOD/BEVERAGE/SUPPLIES D.C F/R 7/23

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

2822.26
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Transaction ID : SB17.24593

**B. Mrs. LALE MORRISON**

Mailing Address 1526 17 TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement  
CAMPAIGN CELL PHONE SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2015

Amount of Each Disbursement this Period

165.15
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Transaction ID : SB17.24595

**C. Mrs. LALE MORRISON**

Mailing Address 1526 17 TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement  
CAMPAIGN CELL PHONE REPLACEMENT COST.

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2015

Amount of Each Disbursement this Period

335.80
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Transaction ID : SB17.24596

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3323.21